						4-15-01							
04/12/01	j1064	DAT	UTILI	<i>f</i> , ,	Attorney Docket P01,0033								
	<u> </u>	PAI	ATENT APPLICATION TRANSMITTAL				First Named Inventor or Application Identifier						
		ly for new	nonprovisional		Dr. Stefan Popescu								
	1.53(b))  ADDRESS TO: Assistant Commissioner for Patent					Express Mail Label No: # EJ077703615US							
) 1 1	ADDRE							11046 09/					
	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.							ACCOMPANYING APPLICATION PARTS					
	X Specification     Drawing(s) (35USC 113)     Declaration and Power of Attorney			[Total Pages 2 [Total Pages 4 [Total Pages 2	4 ]	5. Assignment Papers (cover sheet & documentation) Siemens Aktiengesellschaft  6. Letter under 37 CFR 1.41(c).							
		a. <u>X</u>	,			<u>∠</u> ]							
	b Copy from prior application (37CFR 1.63(d))  (for continuation/divisional with Box 14 comp.  [Note Box 4 Below]  i DELETION OF INVENTOR(S)  Signed statement attached deleting Inventor(s) named in the prior appli						7 English Translation Document ( <i>if applicable</i> )  8 Information Disclosure Copies of ID Statement (IDS)/PTO-1449 Citations  9 Preliminary Amendment						
							10. <u>X</u> F						
			see	63(d)(2) and 1.33(b).	11 Small Entit				ty Status (37 CFR 1.27)				
	4. Incorporation By Reference (usable if Box 3b is checked) The entire disclosure of the prior application, from which a						12 Certified Copy of Priority Document(s)						
-	copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by						13 Other:						
	reference therein.							·					
3	14. a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No: /												
	CLAIMS AS FILED												
	25 323 325 345 345 345		(1) FOR		(2) NUMBER FILED		(3) NUMBER EXTRA			(4) RATE		(5) BASIC FEE	
	29 c 2 H		TOTAL CLAIMS	20	20		EXI	IRA				\$710 00	
	9 (19) 9 (19)		INDEPENDENT CLAIMS	3	2								
			ANY MULTIPLE DEPEN	ULTIPLE DEPENDENT CLAIMS? (X) NO									
									***************************************	OTAL ILING FEE ->		\$710 00	
	X The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 501-519 A duplicate copy of this sheet is enclosed.												
	X A check in the amount of \$ 710.00 to cover the filing fee is enclosed.												
1:	S P	CHIFF HA	NCE ADDRESS ARDIN & WAITE partment					CU	STOME	R NUMBER: 26574	1		
	С	hicago, II	Tower - 233 Solinois 60606										
91	GNATUR	//	(312) 258-5500	- Fax (312)	258-5921	114	9						
- 1	S/SN:BC	<u></u>		100	V J	1,1-7	′		D.	ATE: <u>April 12, 2</u>	2001	U-11	